

Implementing Statewide PBS in Massachusetts' Developmental Services System

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Mass. Department of Developmental
Services

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A Few Words About Mass. Department of Developmental Services

- DDS was part of Department of Mental Health until 1987
- From 1987 until June 30, 2009 we were Department of Mental Retardation
- Became DDS in 2009
- DDS supports more than 34,000 individuals, @ 24,000 adults
- DDS is largest public employer in the state and has the third largest budget in state government, 1.7 billion dollars
- Primarily a non-profit provider system- more than 200 +
- Regulations more than 30 years old- derived from Title 19

DDS Services

- Mass. DDS supports 99 % of the population in community settings with less than 500 people in state run ICFs
- No children served in state institutions since 1970

Current DDS Behavior Management Regulations

- Mass. DDS Behavior Management regulations promulgated in 1988 based on hierarchy of aversives
- All behavior management interventions were categorized by level system, Level 1, 2, and 3

How Did We Build Readiness for Change?

- Commissioner and Assistant Commissioner provided clear leadership and commitment
- Seeding the environment by talking about PBS for a long time before formally starting
- Buy-in from key provider sector
- Embracing as many different parts of organization as possible
- Incorporated PBS as the de-escalation strategy in all certified restraint curricula

Desired Outcomes

- Implement System-wide PBS throughout the service delivery system with emphasis on:
 - A three tier model
 - Systems, practices, data
 - Introduction and sustainability of evidenced based practices

Standardization of key elements of PBS Support Plan

Requirement of standardization of FBA elements

Goals of PBS Initiative

- Establish a *framework* that helps agencies
 - Enhance quality of life e.g. happiness, health, engagement, choice and safety
 - Deliver supports proactively, i.e. anticipate individual's needs and address via skill building
 - Address challenging behaviors via assessment, prevention, coping skills, and fewer controlling interventions

Statewide PBS Beginnings

- Commissioner created PBS Statewide Advisory Group
- Statewide Advisory Group Membership

DDS personnel from Central Office and
Field Operations

Vendors i.e. Executive Directors, VP. and Sr Clinicians

Self-Advocate

Family Members

School PBS Consultant

Three Sub-Committees created: Clinical, Definition, Training

Initial Steps to Implementation

- Developed a PBS definition
- Provided rationale for Why PBS
- Developed Guidelines
- Built materials and tools
- Materials shared with Pilot Organizations
- Built training capacity
- Issued Informational Bulletin
- Developed PBS brand
- Spelled out non-negotiables
- Specifying what the state as regulator and purchaser will require

Why PBS?

- PBS incorporates person-centered approach, choice, ABA, values, and more into a coherent framework
- PBS is for all people now
- PBS emphasizes measuring effectiveness
- Communicated whether provider agency has individuals with issues now or not will have them in future

Why PBS?

- PBS provides:
 - a service delivery *framework* for helping agencies enhance individuals quality of life
 - And a *clinical perspective* for all to use when addressing individuals with clinical needs
- Good fit for DDS challenges and values

PBS is Holistic

- PBS has a broad biomedical base:
 - Promotes a healthy lifestyle (e.g. physical activity, adequate sleep, healthy diet)
 - Addresses health issues (e.g. pain, constipation)
 - Addresses neurological issues (e.g.seizures)
 - Addresses mental health issues (e.g. depression, anxiety)

PBS is Values Based

- PBS is based on an individual's and community values;
 - Plan is person-centered – “What is person's choice?”
 - Use least intrusive, least restrictive interventions
 - Appreciates individual's culture and family

DDS' DEFINITION OF PBS

- **Positive Behavioral Supports** is a systematic, person centered approach to understanding reasons for behavior and applying evidence based practices for prevention, proactive intervention, teaching and responding to behavior with the goal of achieving meaningful social outcomes, increasing learning, and enhancing the quality of life across the lifespan.

Key Elements of PBS

- The “BIG IDEAS” on which System-Wide PBS is based:
 - 4 Integrated Elements of System-Wide PBS
 - Public Health Triangle

4 Integrated Elements

System Wide PBS
Emphasizes 4
Integrated
Elements

Supporting Quality of
Life and Prosocial Skills

OUTCOMES

SYSTEMS

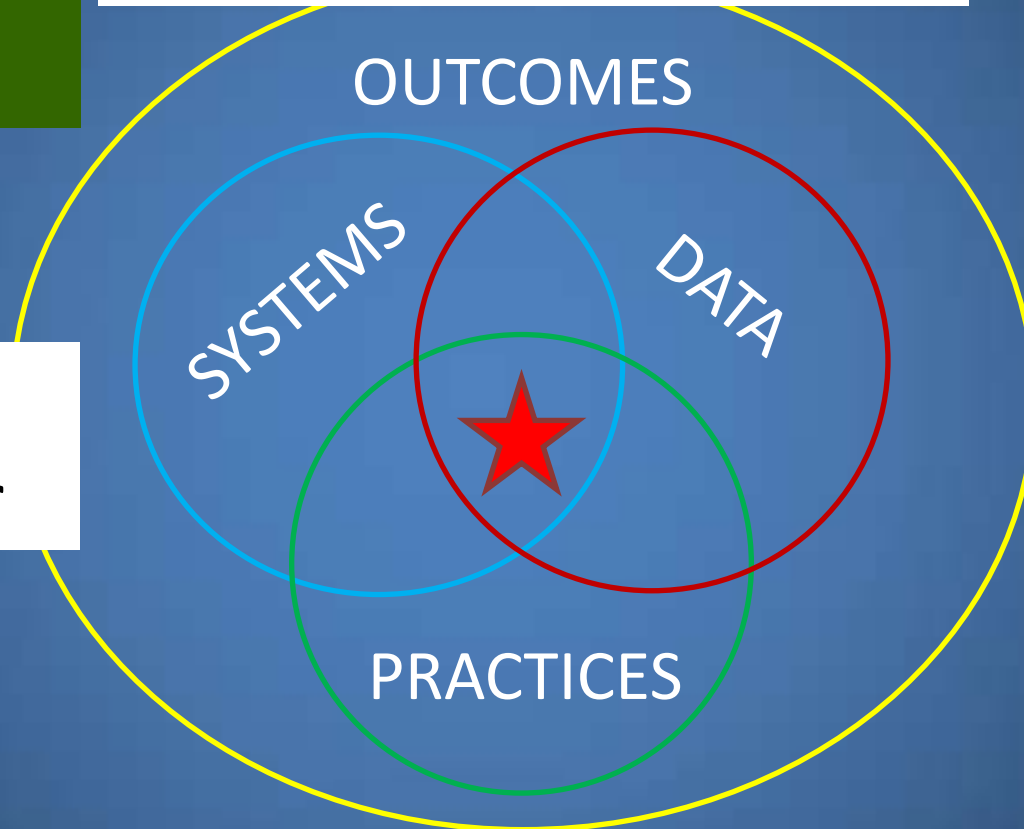
DATA

Supporting
Staff Behavior

Supporting
Decision
Making

PRACTICES

Supporting
Individual Behavior



Key Elements of PBS

- System Wide PBS emphasizes 4 integrated elements:
 - In pursuit of socially valued QOL outcomes
 - Continuous collection and use of Data for decision making
 - Support of individual behavior via practice and empirically validated Practices and
 - Efficient and Effective Systems that support staff and Individuals

Key Elements of PBS

- **PBS Outcomes** are:
 - Focused on improving Quality of Life for individuals we support
 - Valued by individuals and other key stakeholders
 - Individual and SYSTEM ORIENTED – is there evidence of improved quality of life for individuals supported?

Key Elements of PBS

- PBS DATA:
 - Are objective, collected reliably and include treatment integrity measures
 - Are summarized often via graphs, (key data is presented in understandable manner) and
 - Are Outcome Oriented – Summary data regularly reviewed and used for decision making

Key Elements of PBS

- **PBS PRACTICES** are:
 - Practical- must be doable
 - Integrated with similar initiatives (e.g. self-determination, service planning)
 - Adjusted to person and his/her culture or other contextual norms as needed
 - Outcome Oriented – evidence based practices used

Key Elements of PBS

- **PBS SYSTEMS:**
 - Are overseen by Agency Leadership Team
 - Get input from all stakeholders (“all hands on deck”)
 - Support staff practices and recognition
 - Are Outcome Oriented
 - Focused on QOL
 - Depend on objective data
 - Look at treatment integrity measures

Administrator Participation

- **Active member of the Agency Leadership Team**
- **Gives initiative priority**
- **Provides support for Agency-wide decisions**
- **Invests in implementation**

Agency Leadership Requirements

- Develop PBS Leadership Team
- Develop Plan to Implement PBS
- Train all staff in PBS
- Identify coaching/champion function in agency
- Use DDS certified universal crisis prevention and management curriculum
- Address all elements of P-BSP and FBA

Leadership Team Duties and Responsibilities

- Establish a culture reflecting PBS principles
- Develop extensive communication and data collection system among agency units
- Hold regular meetings
- Assess readiness to adopt PBS
- Select key agency indicators
- Write PBS Plan
- Establish Universal, Targeted, and Intensive Teams
- Monitor Teams and indicators
- Reward success

Examples of Readiness Assessment

- DDS PBS Readiness Assessment – developed
- Can use School-wide Benchmarks of Quality tool
- Informal Assessment

Examples of Readiness

- Formal assessment in large agency using Benchmarks of Quality
 - Asked key questions: Is it consistent with values?
 - How does it improve QOL and cost benefit?
 - Created Senior Leadership Team
 - Reviewed existing tools
 - Adopted and Revised Benchmark of Quality tool
 - Support from Senior Leadership
 - Allowed rotating trials to increase buy-in
 - Linkage to mission statement
 - Development of key indicators

Example of Readiness

- Medium size agency strong history of ABA
- Conducted internal assessment of strengths and areas of need
- Discovered that strength existed in clinically oriented programs but not elsewhere
- Limited use of behavioral principles
- No uniform electronic platform
- Time and resources

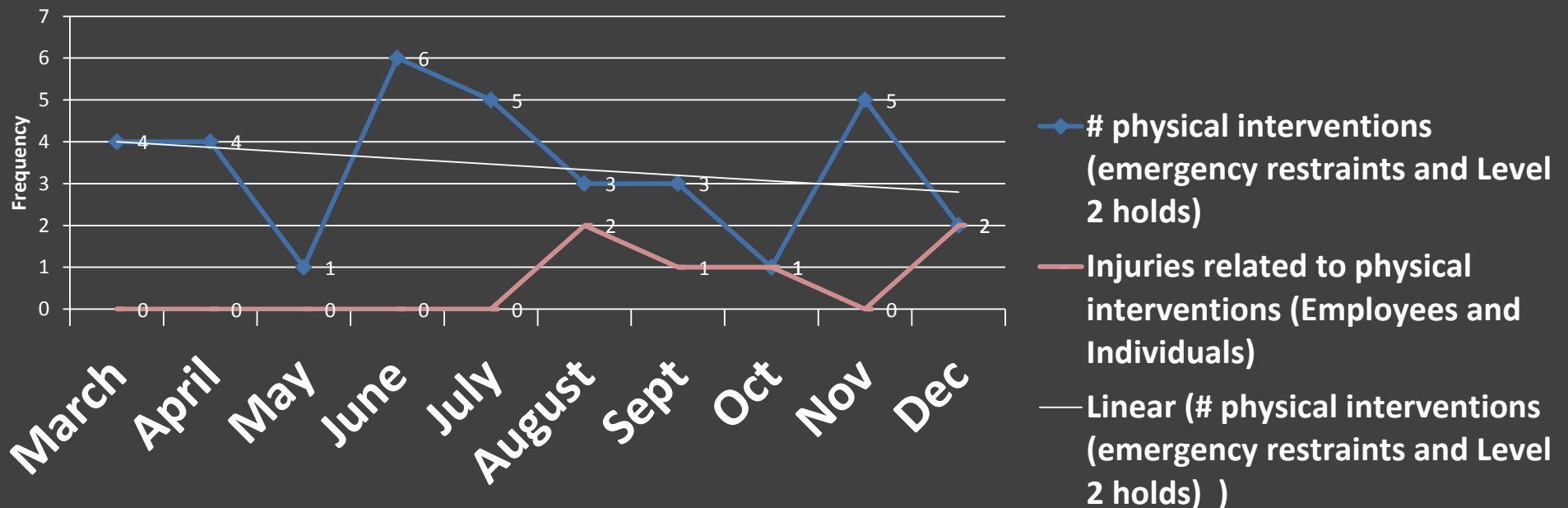
Example

- Created PBS Leadership Team
- Piloted program in smaller sites with interest and skill already available, then moved to cluster of residential homes
- Developed buy-in from Program directors
- All staff trained in PBS curriculum
- Developed set of universal interventions
- Established PBS newsletter to communicate to all employees

PBS Implementation at Medium Size Agency

- Initial data tracking: Reducing Risk

Universal Data



Months 2013

Lessons Learned From Readiness Examples

- These lessons learned shared with all providers through public forums to demystify process and help them get started
 - Sr. Management has to be fully engaged in process
 - Set, modest achievable goals along the way, track progress through data
 - Data shared
 - Develop or have available electronic data system
 - Communicate often to make transition less overwhelming
 - Don't over-train before ready to implement
 - Create communication plan

Public Health Triangle

CONTINUUM OF
SUPPORT for ALL

*Overseen by
Leadership Team*

Universal Systems;
primary prevention;
for all Individuals &
Staff in all Settings

ALL
Sufficient for ~80%

FEW

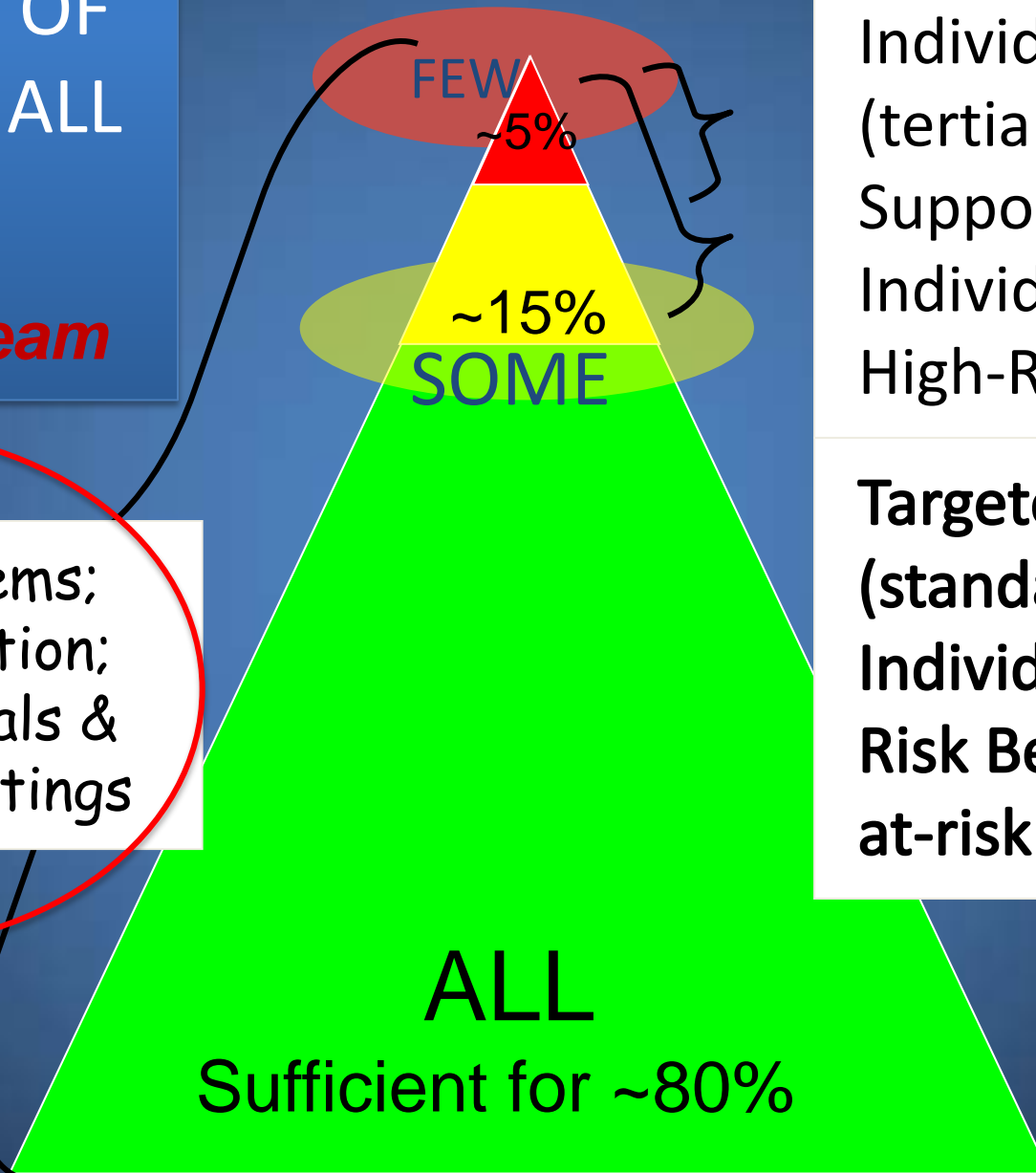
~5%

SOME

~15%

Individualized
(tertiary prevention)
Supports for
Individuals with
High-Risk Behavior

Targeted
(standardized) for
Individuals with At-
Risk Behavior or in
at-risk situation



PBS Intervention Tiers

- ***Universal Interventions:*** ARE FOR – Everyone and are always available
- Goal is to prevent problems by ensuring individuals are in pleasant and responsive environments in order to increase quality of life and decrease problem behavior
- Teaching helpful behaviors
- Increase use of evidence based practices

Examples of Universal Supports

- Agency trains all staff and individuals on “Best Ways to Praise” or best way to offer choice and
- Part of manager’s job is to “catch” staff praising individuals
- And Leadership Team insures that objective data is kept and used

- Quality of Universal Implementation Checklist developed
“QUIC” with instructions

PBS Universal Support Team Implementation Sheets with examples and a Template made available for all to use

DDS Universal Training Curriculum designed and made available


Quality of Universal Implementation Checklist (QUIC)

Staff: _____ Location: _____

Setting: _____ Date: _____

Time: Start _____ Stop _____

Interaction Skills	Score	Comments
1. Staff use appropriate volume, tone, eye contact, and body language		
2. Staff provide positive interactions, greetings, small talk, and social praise		
3. Staff interact frequently with individuals (every 15min at minimum)		
4. Staff interact using communication system appropriate for individual		
5. Amount of support is adequate		
6. The area is clean and free of obstacles; a desirable place to be		
7. Staff give specific reinforcement that is consistent with program guidelines		
8. There is a clear functional routine occurring		
9. Individuals know what to do in setting or are instructed by staff		
10. Individuals receive assistance within reasonable amount of time		
11. Materials for routine are accessible and in good repair		
12. Opportunities to makes choices given		
13. Data recorded as required		
Total checks:		

Scoring Key:  = Skill demonstrated all opportunities for entire observation

X = Skill not demonstrated throughout the observation.

N/A = No opportunity to demonstrate the skill.

 Reviewer Signature

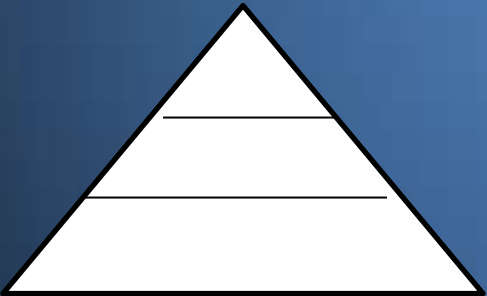
 Observer Signature

Targeted Support Practices

- ***Targeted Supports***- Are for anyone “at risk” of problems or who have low level problems
- Goal is to prevent potential problem from becoming a big problem via quick action
- Targeted Practices: Brief FBA; Uses standardized interventions (e.g. simple environmental modifications, behavioral contract, increased teaching, increased non-contingent reinforcement)

The NRS PBS Pilot

10 Homes 3 Main Changes

TEAM CREATION (using the 3 Tiers)	EMBEDDING PBS CULTURE	KEY INDICATORS DATA SHEET
<ul style="list-style-type: none">• Intensive (existing)• Targeted (existing)• Universal (created) 	<ul style="list-style-type: none">• Slogans designed to resonate with staff and change culture• Client record makeovers as antecedent control	<ul style="list-style-type: none">• Topography• Incident (f)• Location• Time of day

Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime.

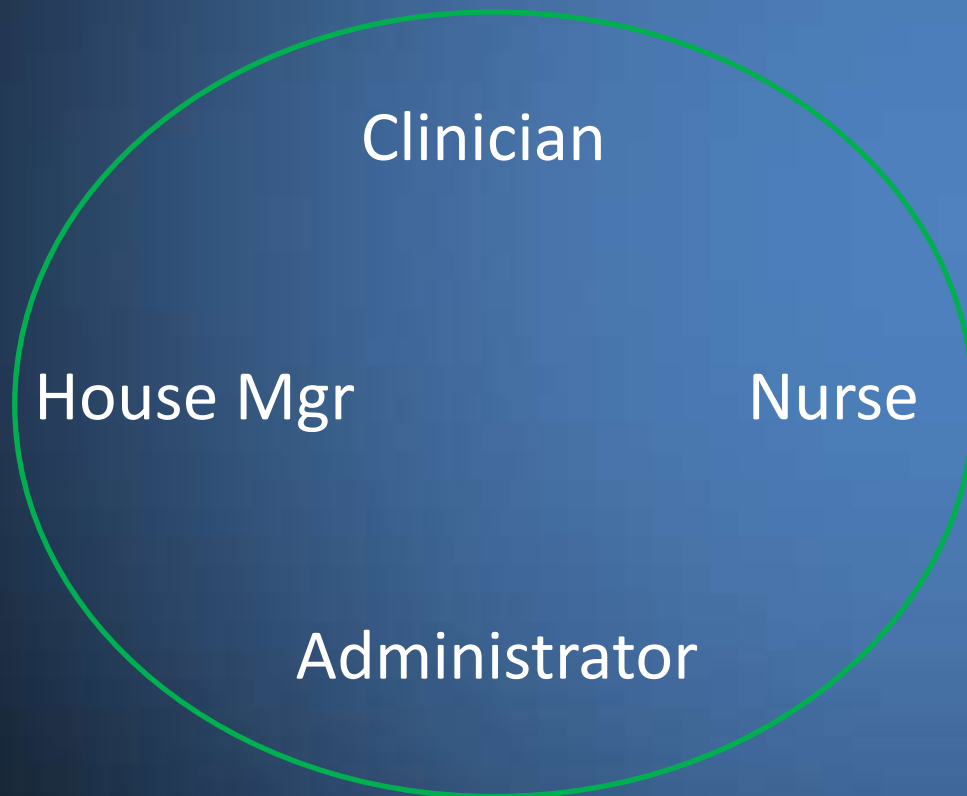
-Chinese Proverb




By teaching individuals to do things for themselves we provide them with a direct pathway to get what they want, reducing their need to use problematic behaviors

This message is brought to you by the PBS project.

Monthly Targeted TEAM



- At each of our 70 homes
 - Client record makeovers as antecedent control
 - Reviews/receives key indicator data and/or emergent internal needs > action plan
- 
- **Preventing** a (potential) problem from becoming a “big problem” via quick action

Monthly Targeted TEAM

[Example of Targeted Intervention]

Problem:

- To go out in the van we need the right ratio.
- The ladies are making choices (e.g. verbal refusal; isolating in room) resulting in no trips for over 3 weeks.
- Cabin fever- target behavior frequencies are going up across the board.
- If we don't act quickly we'll have a 'RISK ON' environment

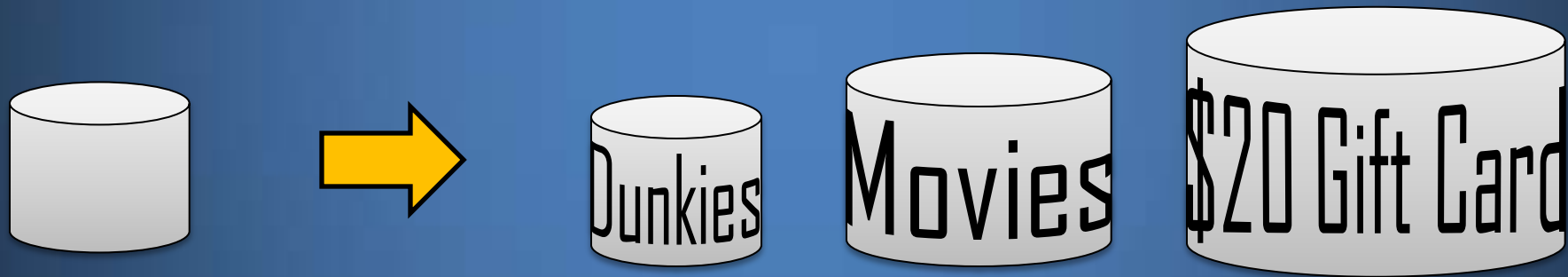
Targeted Problem Solving:

- Mini FBA across 5 refusals
- Primarily escape-driven
- The theme of all refusals appeared to be saying the same 2 things:
 - *"I'm not going out with the staff they have taking us today."*
 - *"I'd rather go to my favorite place and if I can't, NO ONE GOES!"*

Monthly Targeted TEAM

[Example of Targeted Intervention]

- Swear Jar
- Catch em' being good Jar(s)
Enriching the field of reinforcement



- kind housemate behavior = poker chip in jar
- Fill jar = choice of staff for trip they both like
- Can't agree = all earned chips into next jar and up the reinforcement value

Intensive Support Practices

- *Intensive Supports* ARE FOR anyone with challenging behavior impacting health, safety, or emotional well-being or the individual's quality of life is seriously impeded due to challenging behavior
- Goal: PREVENT big problem from occurring or lasting longer than it has to or by reducing severity of challenging behavior via individualized treatment

DDS PBS - FBA

- Functional Behavior Assessment – “It’s a Team Effort”
- Goal: Address the “Why” question
- Defined Qualified Clinician who leads effort
- Supervisory and direct support staff involved

Current DDS Behavior Management Regulations

- Little emphasis on
 - Quality of Life
 - Prevention and teaching
 - Systems to support evidence based practices and effectiveness
 - Qualifications for staff who develop behavior plans
 - Behavior Support Plans linked to Functional Behavior Assessment

What's Different from Current Practice

- New Plan
 - Identifies person's strengths
 - Uses “competing pathways” model
 - Preventive measures built in
 - Health/medical issues identified and dealt with
 - Describes how replacement behaviors are taught
 - Checks on fidelity of implementation built in
 - Identifies staff training and management procedures to insure quality

DDS P-BSP

- Focus

Prevention

Teaching

Less Use of Controlling Interventions

Agency Example

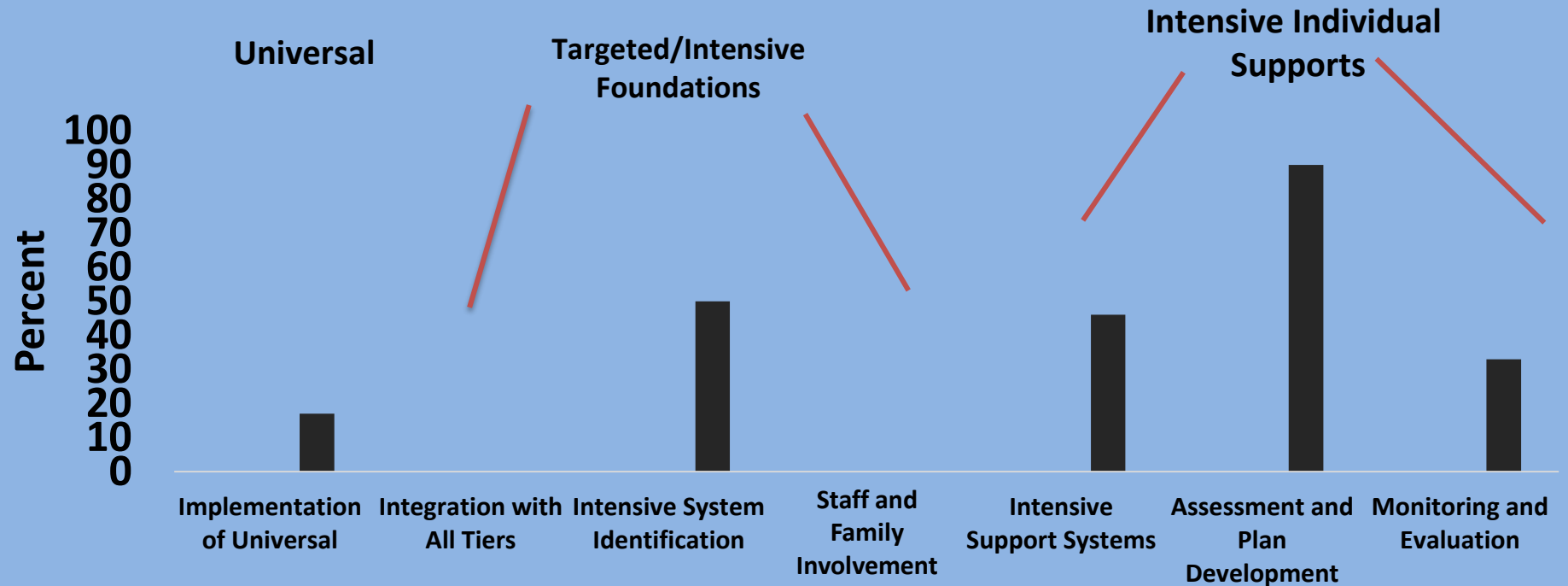
- Large statewide agency with experience in PBS in one sector of agency but not in DDS programs
- Intensive Systems Team
 - Team meets once per month
 - Program Director (Overall Administrator)
 - Senior Behavior Analyst
 - Clinical Director
 - Representative House Director
 - Representative Assistant House Director

What Is In Place at the Intensive Tier

- PBS Modified Benchmarks of Advanced Tiers for Intensive Level (2013) to examine what
 - **Systems** are in place
 - Evidenced based **practices** are used
 - **Data systems** are in place
- Empirically validated instrument
 - Completed by Intensive Team
 - Can be used to
 - Baseline what is in place
 - Build an action plan
 - Progress monitor on a quarterly/annual basis

Benchmarks of Advanced Tiers

March 2013



Data Based Decision Making Around Who Needs Intensive Services

- All individuals with
 - High risk behavior i.e.; aggression, severe property destruction, harm to self
 - Any level 2 plans (current DDS system)

Intensive Systems Meeting

- Once per month (1 hour)
- Review of intensive systems – Build an action plan to improve systems
- Review each individual's data to determine
 - effectiveness of interventions overall and by individual
 - need for further individual review by individual's **own** clinical team (i.e. not a clinical team)

Intensive Systems Meeting

- Team roles
 - Facilitator
 - Time keeper
 - Data analyst
 - Minute taker
- Review of each individual's progress monitoring graphed data on their three most problematic behaviors

Intensive Systems Meeting

- Review (two minute) consists of the team examining the individual's data to ascertain
 - Is the data up to date?
 - Is the individual making progress by looking at trend analysis over past 60 days?
 - Making progress (+)
 - About the same (0)
 - Getting worse (-)

Data Based Decision Making

- If target behavior is
 - **improving** may refer to individual's clinical team to determine if plan could be reduced in intensity or eliminated
 - **not progressing** may refer to individual's clinical team to determine if the plan may need to be changed or treatment integrity checked
 - **worsening** may suggest to the individual's clinical team that treatment integrity be checked, other assessments be conducted or a new FBA be completed to determine a new BSP.

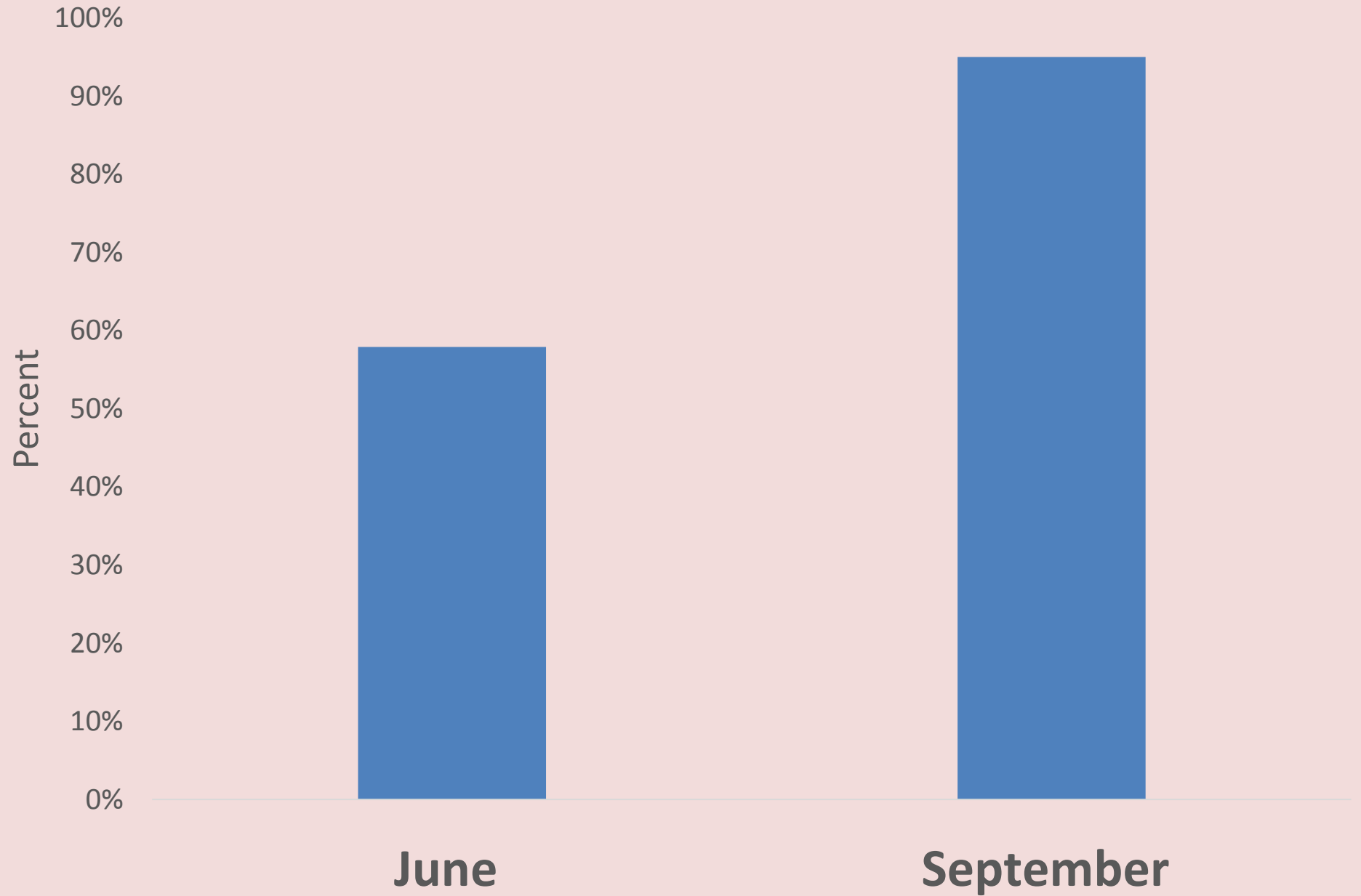
Overall Goal – Are Our Intensive Interventions Working

- Summarization of
 - % of target behaviors graphed up to date
 - % of target behaviors showing improvement
 - % of individuals
 - Responding to interventions
 - Partially responding to interventions
 - Not responding to interventions

Responders to Intensive Interventions

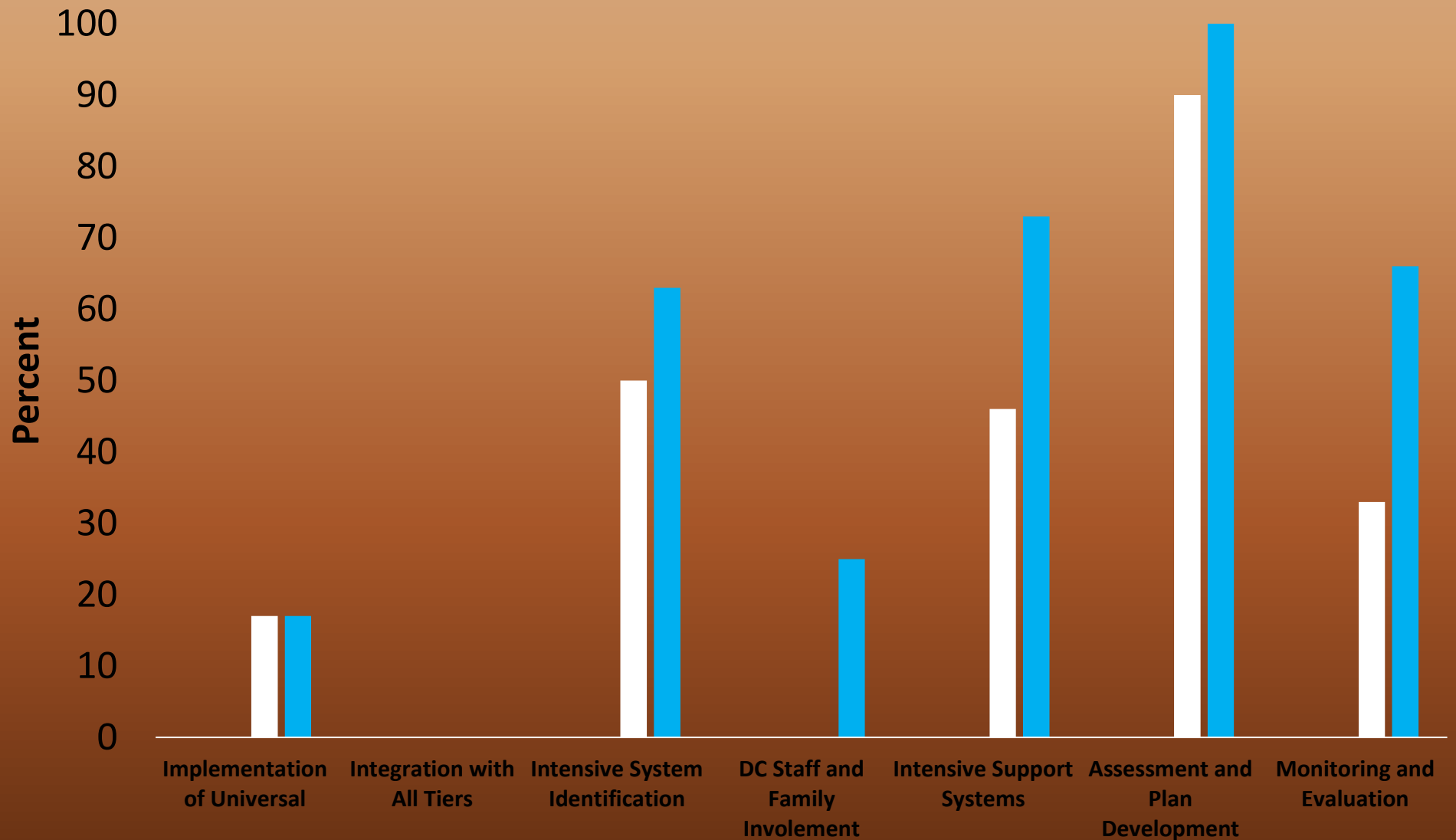
- Responders – All major target behaviors show decreasing trend
- Partial Responders – Some of the major target behaviors show decreasing trend
- Non-responders – None of the major target behaviors show decreasing trend

Percent of Primary Target Behavior Graphs Up to Date



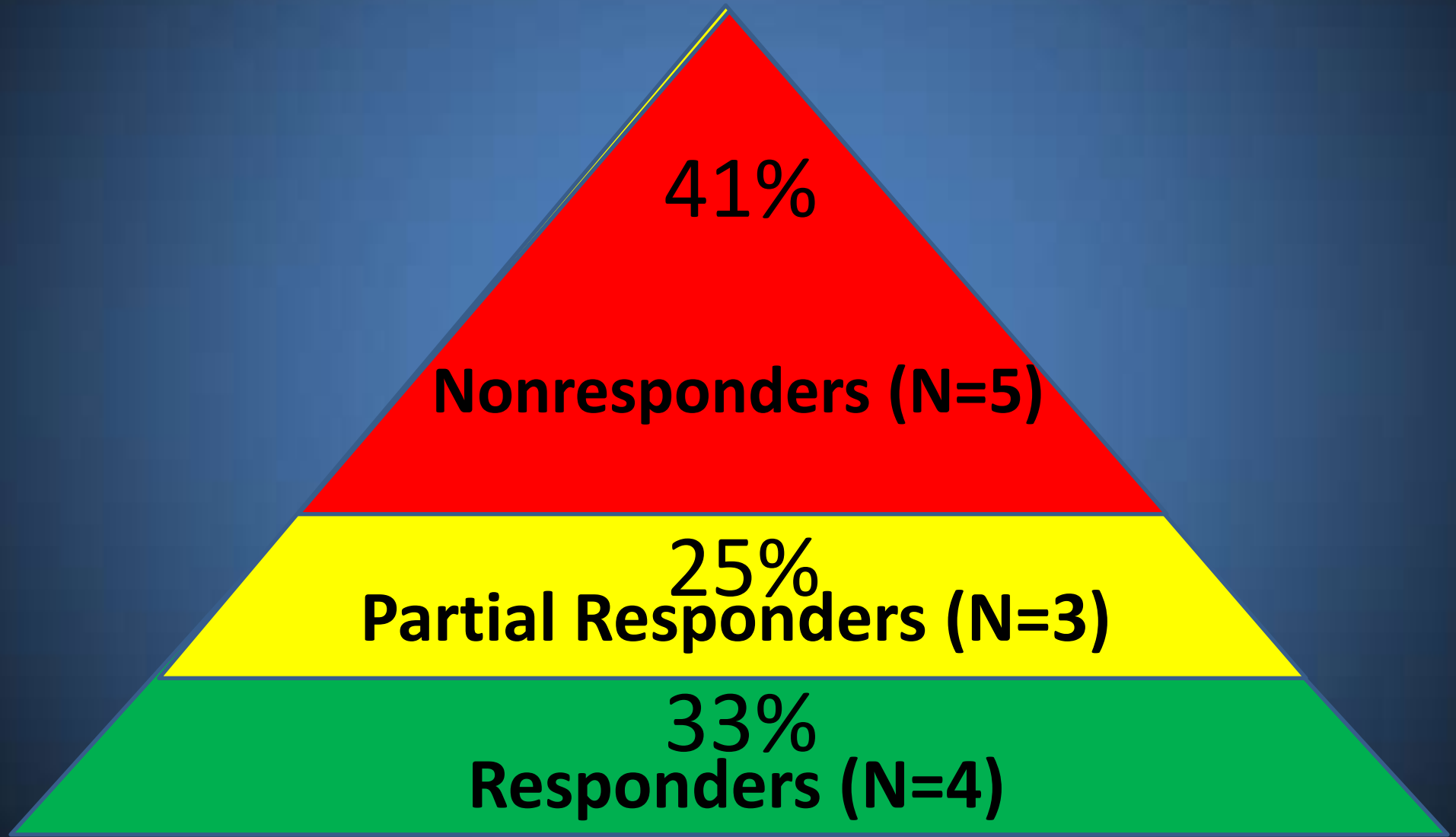
Benchmarks of Advanced Tiers

March 2013 vs. October 2013

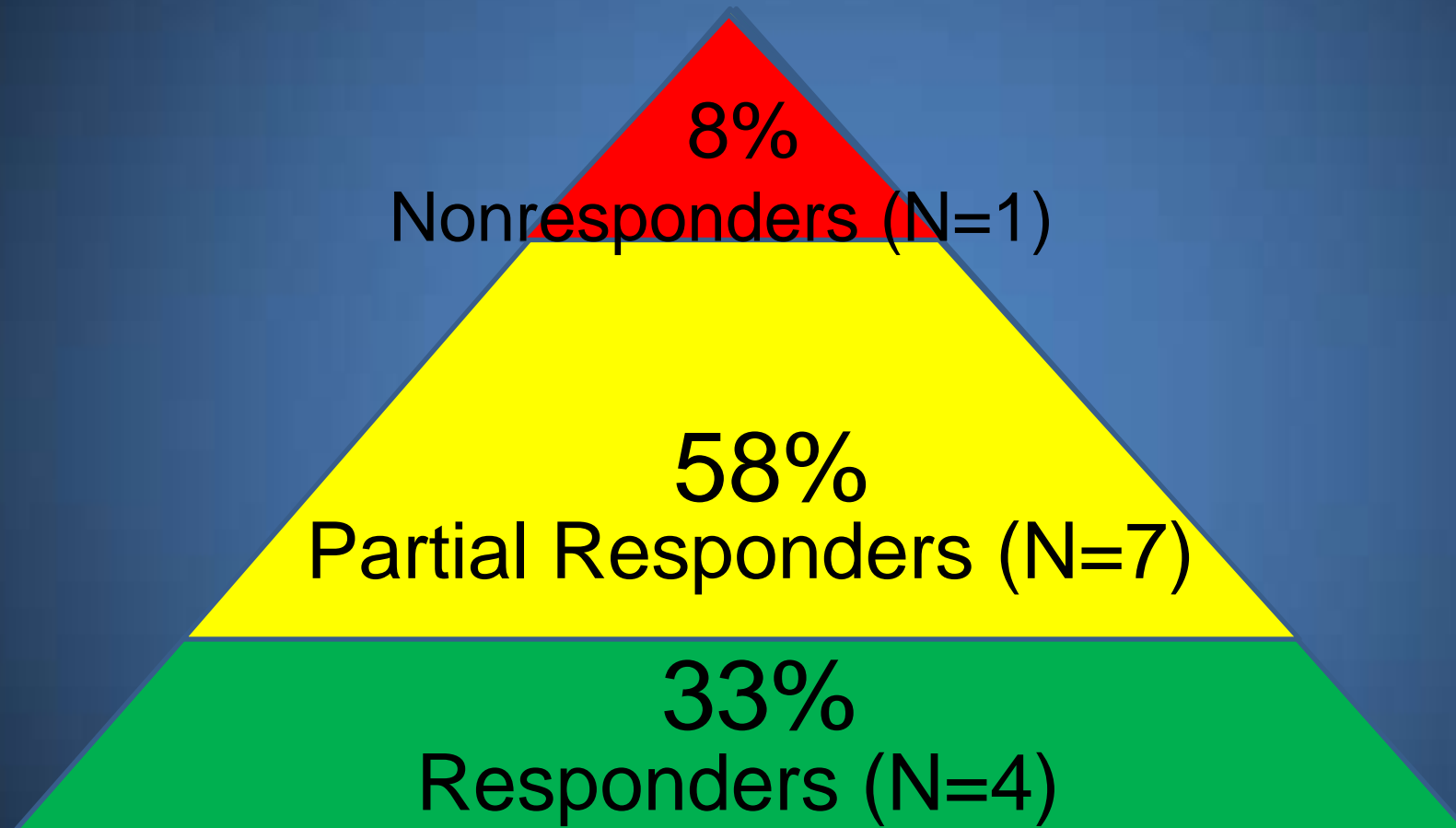


Intensive Systems Review (n= 12)

June, 2013



Intensive Systems Review (n= 12) September, 2013



PBS Training Plans

- DDS approved Restraint Curricula contains PBS elements as focus for de-escalation
- PBS part of new employee orientation for all
- Online introductory course available for free
- Statewide Provider Public Forums
- Universal Training curriculum developed and provided for free to providers
- PBS embedded in Community College and University programs funded by DDS
- DDS working collaboratively with statewide provider organization to provide guidance
- DDS provides free Technical Assistance with External Consultants to any agency requesting support to move to implementation

http://ddslearning.com/dds-pbs-initiative/



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← → ↻ ddslearning.com/dds-pbs-initiative/ ☆ ☰

MassPBS

The Massachusetts Department of Developmental Services definition of PBS:

Positive Behavioral Supports is a systematic, person centered approach to understanding the reasons for behavior and applying evidence based practices for prevention, proactive intervention, teaching and responding to behavior, with the goal of achieving meaningful social outcomes, increasing learning and enhancing the quality of life across the lifespan.

October 2013 -

Below please find the Informational Bulletin and other material distributed by **Commissioner Howe** to DDS personnel and Providers.

Its purpose; to share with the DDS community the Department's upcoming implementation of Positive Behavioral Supports. The Bulletin references the key elements of the PBS system.

- [DDS Informational Bulletin](#)
- [DDS PBS Leadership Team](#)
- [DDS Universal Supports](#)
- [DDS Targeted Supports](#)
- [DDS Intensive Supports](#)
- [DDS Intensive Supports Format](#)
- [DDS Intensive Supports Assessment](#)



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- For additional information contact:
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